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UNFPA role in emergency preparedness, humanitarian response, and transition and recovery

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UNFPA ROLE IN EMERGENCY PREPAREDNESS, HUMANITARIAN RESPONSE, AND TRANSITION AND RECOVERY*

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* The compilation of data required to present the Executive Board with the most current information has delayed submission of the present document.

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I. BACKGROUND

1. In decision 2000/13, the UNDP/UNFPA Executive Board encouraged UNFPA, within its mandate, to: (a) provide appropriate and timely support in emergencies; (b) ensure close cooperation with partners within existing coordination mechanisms; (c) seek extrabudgetary resources through the United Nations consolidated appeal process; and (d) evaluate its organizational capacity and systematize its responses to reproductive health needs in special circumstances. The Board also approved the use of up to $1 million of regular resources per year to support population and reproductive health needs in crisis situations.

2. This document reports on UNFPA participation in emergency preparedness, crisis response and recovery since June 2000, and includes observations on the challenges faced and the new opportunities that exist for the organization. The document provides details on an institutional strategy that has been developed to strengthen UNFPA participation in United Nations reform in the humanitarian, development, and peace and security areas. UNFPA requests the Executive Board to recognize the work and contribution of UNFPA in these areas and to endorse the strategy developed to strengthen agency effectiveness.

II. THE CHANGING CONTEXT OF HUMANITARIAN RESPONSE AND TRANSITION PROGRAMMING: CHALLENGES AND OPPORTUNITIES

3. Complex conflicts and acute or chronic natural disasters exacerbate poverty, diminish the access of affected populations to basic information and social services, undermine human rights and security, and increase vulnerability to gender violence and exploitation. Severe economic dislocation and extended political crises also have implications for meeting basic human needs. It is not a coincidence that countries in these situations -- so-called "fragile states" – have the lowest indicators of human development and are farthest from reaching the Millennium Development Goals (MDGs). It is primarily in the states affected by war, chronic disasters and severe dislocation that the poorest and the most vulnerable populations reside.

4. Such situations are not exceptional in the current global environment. Indeed, an analysis of annual reports from UNFPA country offices in 2003 and 2004 showed that in 67 of the countries in which UNFPA works, there were circumstances that required an agency response that was not planned in the country programme. People in more than 40 countries – including more than half of all UNFPA category A countries – faced threats to their reproductive health due to natural disasters, conflicts, displacement or other crises, and required support to access even basic reproductive health services. In over a dozen countries, UNFPA was involved in national reconstruction and recovery efforts. In a growing number of post-conflict settings, UNFPA was engaged in joint assessments and transition frameworks, the re-establishment of basic services, policy dialogue in the security sector and in health sector reform, and working in integrated United Nations missions.

5. During the past five years, the United Nations reform process has involved the entire United Nations system in areas such as conflict analysis; mediation and resolution; peacebuilding and support for national reconciliation and recovery; and disaster preparedness and response. Changes in United Nations roles and responsibilities have important implications for UNFPA operations at global and country levels. As a member of the inter-agency standing committee on humanitarian affairs as well as the United Nations Development Group, UNFPA is called upon at the headquarters level to play a role in United Nations-wide policy deliberations on a range of peacebuilding and humanitarian issues. At

the field level, as a member of the United Nations country team, UNFPA is a partner in contingency planning, emergency preparedness, development of the consolidated humanitarian action plans and the consolidated appeal process, and in transition and recovery planning and programming.

6. The growing recognition of data, gender and reproductive health needs in emergencies has resulted in increased demand for UNFPA technical and programme support in crisis situations. Involvement in United Nations system processes has also required the attention of staff. Together, these demands have placed pressure on UNFPA, particularly on country offices in crisis settings. On the other hand, the new environment also provides opportunities for UNFPA to fulfil its mandate and to improve the lives of the most vulnerable and marginalized groups. Transition situations, in particular, present expanded opportunities to influence national development policies, to help traumatized and destitute populations protect their reproductive health, to support the equal involvement of women in setting national priorities, and to ensure that recovery planning is based on sound data.

7. The policy environment for considering reproductive health and gender concerns in humanitarian response and national recovery has improved over the past decade. There has been growing awareness of and attention to reproductive health and gender issues in humanitarian situations. This is due both to increased media attention in high-profile emergencies, and also the result of more visible action and advocacy by UNFPA and its partners. A joint evaluation conducted in 2004 by UNFPA, the Office of the United Nations High Commissioner for Refugees (UNHCR), the International Federation of Red Cross and Red Crescent Societies and others found that maternal care, HIV prevention, adolescent-targeted programmes and other reproductive health services for refugees have increased dramatically since the 1994 International Conference on Population and Development.

8. A decade ago, there was little appreciation of the importance of HIV as a humanitarian and security issue or of the particular needs of women and girls in conflict and post-conflict settings. The adoption and follow-up of Security Council resolutions 1308 (2000) and 1325 (2000) have helped to raise the visibility of these issues within and outside the United Nations system. There is also greater awareness of the scope of sexual and gender-based violence in conflict settings and of best practices to prevent such violence and assist survivors. A dramatic indicator of this progress was the October 2004 invitation to the Executive Director of UNFPA to address the Security Council on the impact of sexual violence in war.

9. Post-conflict situations in particular present opportunities for new partnerships and action; being "at the table" during transition planning can ensure that reproductive health, gender and data issues are integrated into recovery planning. Integrated United Nations missions can facilitate more coordinated and comprehensive recovery programming, providing United Nations-wide support for areas of the UNFPA mandate. Participation in joint assessments and in transition frameworks can create synergies with better results for all. Partnerships in disarmament, demobilization and reintegration processes can bring reproductive health care, HIV prevention and gender awareness to new and important target groups.

10. To make humanitarian funding and programming more effective, the United Nations-led consolidated appeal process has grown from a simple menu of emergency projects for potential funding to an instrument for coordination and comprehensive response planning in complex emergencies. Consolidated humanitarian action plans now function in many countries as the primary framework for United Nations programming. They focus on comprehensive needs and include the entire United Nations system rather than a limited group of humanitarian organizations. The consolidated appeal process and the consolidated humanitarian action plans continue to evolve, but a notable development is

the inclusion of reproductive health issues, including HIV prevention, and the increased attention to protection issues, under which the prevention of sexual and gender-based violence and other human rights issues are considered.

11. Humanitarian funding remains a highly inequitable source of funding. Crisis-affected populations in some countries receive dramatically more attention, and consequently more resources, than others. Even within well funded appeals, some sectors are neglected. For instance, non-food requests, including those for health and protection activities, are underfunded in both consolidated appeal processes and transition frameworks. New processes, such as the Good Humanitarian Donorship initiative, are seeking to remedy this.

12. Donor support for UNFPA issues has improved progressively. UNFPA received more than $20 million for reproductive health, hygiene and psychosocial support programmes in the weeks immediately following the tsunami disaster in December 2004. Unfortunately, the vast majority of potential UNFPA beneficiaries are in countries with "forgotten emergencies"– those that receive little global attention and little or no donor support. In such cases, country offices must work diligently with governments to re-programme country programme funds to provide for urgent needs. Growing collaboration between country offices and headquarters for resource mobilization in specific programme areas has begun to yield results, as exemplified by recent contributions from: (a) the European Union for HIV prevention in disarmament, demobilization and reintegration programmes in Côte d'Ivoire; (b) the Government of Belgium for a joint programme to address sexual violence in the Democratic Republic of the Congo; and (c) the African Development Bank for HIV prevention and care for displaced people in the Mano River region.

III. UNFPA ROLES AND PARTNERSHIPS IN HUMANITARIAN AND TRANSITION SETTINGS

13. Although context and needs vary according to local situations, a decade of UNFPA work in crisis and recovery has followed a set of guiding principles: (a) the right to reproductive health is universal and applies to women, men and adolescents everywhere, including during humanitarian crises and recovery; (b) accurate demographic and health data are the cornerstone of effective humanitarian response, national reconstruction, emergency preparedness and conflict prevention; and (c) attention to gender aspects is critical for effective humanitarian response and reconstruction.

14. In 2004, more than one third of the countries in which UNFPA operates faced crises. Some resulted from sudden catastrophic events such as floods, hurricanes or the Indian Ocean tsunami. Others involved complex and continuing emergencies including violent conflict, displacement, and destruction or loss of access to basic health and social services. UNFPA worked with national and local partners, other United Nations agencies, and international and community-based organizations to ensure that reproductive health, data and gender dimensions were integrated into humanitarian response and recovery programmes in more than 40 countries.

15. Activities included rapid assessments and other data collection, including censuses, used to design emergency or recovery programmes; support for reproductive health through training, technical support and the deployment of reproductive health commodities and hygiene supplies; support for women's empowerment; and support to strengthen national emergency preparedness and response capacities.

Emergency preparedness

16. UNFPA has become increasingly involved in emergency preparedness by participating in United Nations country team contingency planning processes and by developing several subregional contingency plans, including those for the Mano River region and for Iraq. In the area of reproductive health, the existence of common standards, guidelines and tools, developed through the Inter-Agency Working Group on Reproductive Health in Crises, and the strong collaboration among member agencies have facilitated contingency planning.

17. As a partner trusted by government authorities and civil society, UNFPA is well positioned to support national capacities for preparedness. In Ecuador, for example, UNFPA has worked with the Government and academia to merge geographic information technology with demographic data to assess community vulnerabilities to natural disasters. During the Iraq crisis, UNFPA worked with national authorities and Red Crescent teams in neighbouring countries to prepare for influxes of refugees and prepositioned basic supplies for maternal health throughout the region and in Iraq. In Benin, as a member of the United Nations contingency planning team, UNFPA developed detailed plans to provide reproductive health support and worked with UNHCR and the Government to establish registration systems in the event of an influx of refugees. When Togolese refugees arrived, UNFPA was able to carry out its commitments immediately.

Lessons learned

18. An analysis of experiences in contingency planning shows that UNFPA can improve performance by: (a) having more flexible administrative and financial arrangements; (b) training staff to improve skills for preparedness planning; (c) establishing a clear division of responsibilities; and (d) developing user-friendly tools and guidance materials. Contingency planning cannot be done alone; effective preparedness also requires investments of time working with a variety of partners, including government and civil society counterparts. True preparedness for a crisis depends on the preparedness capacity of the agency as a whole; this requires total institutional involvement and consensus on standards, procedures and accountability for action.

Emergency assistance

19. Since 2000, UNFPA has provided support in dozens of acute emergencies, whether due to conflict or natural disaster. UNFPA has worked with local and national authorities, non-governmental organizations (NGOs) and United Nations partners to provide reproductive health services and other support to communities affected by major natural disasters in Bangladesh, the Islamic Republic of Iran, the Caribbean and tsunami-affected countries. In Niger, UNFPA is collaborating with the United Nations World Food Programme, the United Nations Children's Fund and the Helen Keller Institute to ensure that food and micronutrient distribution is included in antenatal care services.

20. UNFPA has also provided support in situations of conflict for internally displaced persons, refugees and host communities in over 30 countries. Close relationships with members of the Inter-Agency Working Group on Reproductive Health in Crises, including the International Rescue Committee, CARE and other international NGOs, as well as with UNHCR and the World Health Organization, have facilitated rapid responses. Normally, UNFPA coordinates reproductive health activities and provides technical guidance, while the government or other agencies implement activities on the ground.

Lessons learned

21. Country offices in emergency situations need strong operational support and a rapid response from headquarters and UNFPA country technical services teams (CSTs). Small offices in particular require the deployment of additional staff in order to cope with dramatically increased demands. Well understood standard procedures and the recognition of respective roles help to ensure a rapid response. The established presence of UNFPA and its networks, and attention to local cultural and social contexts are beneficial in understanding the needs of affected populations and in developing locally appropriate responses. However, the documentation of these benefits must be strengthened.

Chronic humanitarian situations

22. UNFPA is working in numerous countries that host long-term refugee populations or have experienced extended crises related to drought, economic disruption or long-term conflict. In such situations, development efforts must be accompanied by humanitarian action and preparedness for more acute crises. In the Occupied Palestinian Territory, for example, UNFPA is providing support to develop national capacities in reproductive health and demographic data systems while at the same time supporting emergency programmes to mitigate the impact of conflict and economic crisis on maternal and family health.

23. In countries hosting long-term refugee populations, such as Azerbaijan, Ethiopia, Guinea, the Islamic Republic of Iran, Kenya, Pakistan, Sudan and the United Republic of Tanzania, UNFPA is working with host governments and UNHCR to ensure that refugee communities have access to basic reproductive health care, including services to prevent HIV and gender-based violence. In Southern Africa and the Horn of Africa, the nexus of drought, poverty and HIV has required a reconsideration of traditional programmes in order to combine development and humanitarian support.

Lessons learned

24. In situations of chronic crisis, country programmes must be flexible in order to respond to changing needs. New areas of technical expertise may be required. Current country programme funding mechanisms are not conducive to providing the support necessary for long-term refugee situations; such support remains dependent on extrabudgetary funding, which is unpredictable and uneven. For HIV prevention in particular, the inability to sustain interventions has serious consequences. Artificial distinctions between development and humanitarian action impede considered and comprehensive programmes that are necessary in such situations to protect reproductive health and address gender violence.

Transition and recovery

25. UNFPA is supporting activities in numerous post-conflict and natural disaster recovery situations. The Fund has supported the rehabilitation of maternal health services in Afghanistan, Angola, Bangladesh, the Democratic Republic of the Congo, Eritrea, the Islamic Republic of Iran, Kosovo, Timor-Leste and Turkey, among others. In Côte d'Ivoire, Eritrea, Ethiopia, Liberia and Sierra Leone, it has been active in inserting reproductive health and gender aspects into demobilization programmes. In collaboration with the Government of Sierra Leone, UNFPA developed a pilot programme for comprehensive HIV prevention in a post-conflict environment. The programme included aspects that identified and targeted vulnerable groups including the military, internally displaced persons, returnees, youth, and women and girls who had suffered trauma. In many post-

conflict settings, UNFPA has been requested by governments to undertake the challenging task of re-establishing national statistical systems and supporting censuses. UNFPA has supported such efforts in Afghanistan, Kosovo, Rwanda and Sierra Leone and is currently planning censuses in Iraq and Sudan.

Lessons learned

26. Transition and recovery situations present clear opportunities to integrate reproductive health and gender concerns into national development plans. Reliable data is critical for effective recovery planning; UNFPA is a recognized leader in this area. Yet working in such situations requires much more intensive technical and operational support than in regular programmes. This needs to be better considered in human and financial resource planning. To carry out programmes in such settings, the Fund requires considerable external resources; mobilizing these resources and reporting on their use also has human resource implications. Advocacy efforts and the documentation of successes attract donor support and help to keep UNFPA "at the table". However, work in this area must be strengthened.

Implementation of Security Council resolutions

27. UNFPA has worked diligently to implement Security Council resolution 1325 (2000) on women, peace and security. UNFPA convened a conference in 2002 that brought together activists and experts from conflict and post-conflict countries to guide the Fund in prioritizing its work. Subsequently, UNFPA has sought to implement the three main recommendations of the conference by: (a) ensuring that conflict-affected women and girls have access to basic reproductive health services; (b) building capacity in local women's organizations; and (c) focusing attention on prevention and care for victims of gender-based violence.

28. UNFPA worked closely with the United Nations Development Fund for Women (UNIFEM) during the independent expert's study on women, war and peace and continues to collaborate with UNIFEM in many areas of advocacy and operations. The two agencies are organizing a technical meeting on sexual violence in conflict situations to be held in October 2005. This meeting will provide the basis for an ambitious inter-agency initiative to address sexual violence in conflict situations.

29. UNFPA has also provided support to implement Security Council resolution 1308 (2000) on HIV/AIDS and security. UNFPA was a founding member of the steering committee on HIV and security that developed the programme of action to integrate HIV prevention into peacekeeping operations. UNFPA continues to work closely with the Joint United Nations Programme on HIV/AIDS and the Department of Peacekeeping Operations to support HIV prevention and gender awareness for peacekeepers.

30. UNFPA work in reproductive health programmes with uniformed services has provided a good foundation to intensify HIV prevention with national military and police forces. The Fund has programmes with the military, including in peacekeeping contributing nations, in over 25 countries, including 14 countries in Latin America and in other countries such as Côte d'Ivoire, the Democratic Republic of the Congo, Eritrea, Sierra Leone, Timor-Leste and Ukraine.

IV. INSTITUTIONAL MAINSTREAMING AND STRENGTHENING CAPACITIES

31. A review of the environment and experiences in the field over the past few years has clearly indicated that UNFPA must adopt a paradigm shift in the way it works. Country offices have repeatedly voiced the need for greater programming and operational flexibility, technical guidance and support in new areas, and an acknowledgement of the new demands placed on them as part of a changing United Nations. Participants at the UNFPA global meeting in 2004 stressed the need to integrate emergency response and recovery issues into field, CST and headquarters thinking. They noted that, while UNFPA had significantly increased its work in crisis situations, the programming was often isolated from other aspects of the Fund's work.

32. As a follow-up, UNFPA undertook a consultative process involving field, CST and headquarters staff who worked together to identify strategies to remove obstacles and achieve responsive, effective programming and operations in crisis situations. A global consultative meeting in March 2005 recommended mainstreaming preparedness, humanitarian and recovery dimensions into all UNFPA policies, structures and programmes. It noted that this process would improve UNFPA performance and contribute to meeting the goals of the multi-year funding framework (MYFF) while helping national partners meet the MDGs.

33. Utilizing the consultative meeting recommendations, interdivisional teams have developed a strategy designed to strengthen UNFPA programming for humanitarian and transition and recovery settings and to mainstream preparedness into all aspects of the work of the organization. The strategy, which was endorsed by the UNFPA Executive Committee in June 2005, involves a phased, participatory and transparent process to deliver a new approach to UNFPA work within three years.

34. The strategy identifies practical steps to improve UNFPA capacity to adapt and respond to crises, and to play an integral role in national recovery processes. UNFPA has developed time-bound and prioritized workplans for action in five areas: (a) enhancing human resources; (b) strengthening strategic partnerships; (c) increasing funding; (d) reinforcing logistics, security and administration; and (e) improving communication.

35. UNFPA will enhance human resources through staff training, the establishment of rapid-response capacities, the reconsideration of competencies required for work in humanitarian or post-conflict settings, and the establishment of stand-by arrangements with other organizations.

36. UNFPA will continue to exercise technical leadership in developing tools, guidelines and policies to integrate reproductive health, population and gender concerns into all humanitarian and transition programmes. UNFPA will also establish stronger strategic partnerships to ensure that technical work translates into field action in a collaborative manner. The Fund will strengthen work with non-traditional partners, reflecting its commitment to culturally sensitive programming.

37. UNFPA will develop a targeted resource mobilization plan to obtain increased funding for humanitarian and transition activities, including the regular analysis of donorship policies and trends; dedicated support to country offices to participate in consolidated appeals and multidonor trust funds; and increased joint programming.

38. UNFPA will also reinforce logistics, security and administration based on a thorough review of existing practices and their conduciveness to programme and operational requirements. The Fund will

evaluate and adapt procedures for the procurement, storage and transport of goods and commodities in emergency situations.

39. Improving communication is a major component of the strategy. This will involve improved environmental scanning, the development of better internal communication systems, knowledge sharing for more effective action, and the design and implementation of a plan for external advocacy, including media outreach.

40. UNFPA intends to complete this process by January 2008, in time for the new MYFF cycle. UNFPA has already taken a number of actions, and many aspects of the initiative can be accomplished using existing processes of review and revision. Others will require additional human and financial resources for which the Fund will seek external support.

41. UNFPA is grateful for the support of Executive Board members in this area over the last few years. The flexibility that the Board provided when approving the establishment of the emergency fund has helped UNFPA respond to urgent needs in programme countries. UNFPA makes no proposals at this time to change the current arrangement with regard to the emergency fund, but will seek support to accomplish the paradigm shift required by the new environment. This initiative will result in improving our own capacity in the areas of our mandate, to achieve results at the country level.

42. UNFPA will continue to solicit the views of partners on its role and effectiveness in emergency and recovery situations and to seek ideas from others on ways to improve its performance. In doing so, UNFPA will demonstrate its commitment to the ideals expressed in the report of the Secretary-General, "In larger freedom: towards development, security and human rights for all" (A/59/2005), to advance United Nations reform.

43. The work in this area will also respond to the recommendations contained in Economic and Social Council resolution E/2005/L.19 on strengthening the coordination of emergency humanitarian assistance of the United Nations. The resolution requests the relevant organizations of the United Nations system to strengthen essential common humanitarian services so that these services can be provided in a predictable, efficient and effective manner; to engage at regional and national levels to support humanitarian response capacities, in particular through preparedness programmes; and to enhance capacity to fill gaps in critical humanitarian programming sectors.

44. UNFPA is confident that the implementation of the strategy outlined above will contribute to this effort and will also make UNFPA a stronger organization – better able to deliver its mandate and to reach its full potential as a partner in United Nations reform.

V. ELEMENTS OF A DECISION

45. The Executive Board may wish to:

(a) take note of UNFPA work in humanitarian and transition settings;

(b) encourage continued efforts by UNFPA in policy advocacy, technical leadership and field collaboration with partners;

(c) endorse the strategy for strengthening institutional capacity;

(d) encourage contributions toward the capacity-building initiative.